

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155570		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 10/29/2012	
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MC CORDSVILLE, IN 46055			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/29/12</p> <p>Facility Number: 000477 Provider Number: 155570 AIM Number: 100290860</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pleasant View Lodge was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping</p>			K0000	<p>November 12, 2012 Kim Rhoades, Director Long Term Care Indiana State Department of Health 2 N. Meridian Street Indianapolis, IN 46204-3006 Dear Kim Rhoades, Please accept our Plan of Correction as our creditable allegation of compliance. If you have any questions please feel free to call me at 317-335-2159. Sincerely, Colleen McCreary-Warnick Administrator</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>rooms. The facility has a capacity of 48 and had a census of 33 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The Administrator's office is in an unsprinklered, detached 14 x 70 foot mobile home. Additionally, the facility has an unsprinklered, detached 2 story wood frame pole barn housing a generator, sprinkler storage tank and fire pump; an unsprinklered, detached 2 car garage used for oxygen storage; and an unsprinklered, 2 story wood barn used for housing a lawn mower, tractor and a snow blower.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/31/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to document the transmission of the fire alarm signal for 1 of 4 fire drills conducted prior to 9:00 p.m. on the second shift for 1 of 4 quarters. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with the Administrator and the Maintenance Director during record review from 9:30 a.m. to 11:00 a.m. on 10/29/12, documentation for the second shift fire drill conducted on 03/02/12 at 2:05 p.m. did not include the transmission of the fire alarm signal. The only documentation recorded for the</p>		K0050	<p>1. Corrective Action:We performed a fire drill on 11/9/2012 for the afternoon shift and we documented the transmission of the fire alarm signal.2. Identification of other residents:All residents have the potential for being affected.3. Measures to prevent reoccurrence:We developed a Fire Drill Report form to include transmission of the fire alarm signal.An in-service was conducted on 11/9/2012 for the Maintenance department.4. Continued monitoring:The Maintenance department of their designee who conducts a fire drill will document on the fire drill form the transmission of the fire alarm signal on fire drills conducted each month.The Quality Assurance Program will monitor the fire drill for recording transmission every month for 9 months. If 100% is achieved then we will monitor every quarter x indefinitely.</p>		11/12/2012	

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	<p>aforementioned fire drill was the date and time of the drill and the staff participating in the drill. Based on interview at the time of record review, the Administrator and the Maintenance Director acknowledged documentation of the second shift fire drill conducted on 03/02/12 at 2:05 p.m. did not include the transmission of the fire alarm signal.</p> <p>3.1-19(b)</p>						

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K0052 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.2.5.2 states connections to the light and power service shall be on a dedicated branch circuit(s). Circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. The location of the circuit disconnecting means shall be permanently identified at the fire alarm control unit. NFPA 72, 1-5.2.5.3 states an overcurrent protective device of suitable current carrying capacity and capable of interrupting the maximum short circuit current to which it may be subject shall be provided in each ungrounded conductor. The overcurrent protective device shall be enclosed in a locked or sealed cabinet located immediately adjacent to the point of connection to the light and power conductors. This deficient practice could affect all residents, staff and visitors.</p>			K0052	<p>1. Corrective Action: We installed a breaker lock out on the alarm breaker. The breaker is identified on the breaker panel as Fire Alarm Circuit Control. The breaker is identified with a red dot. The key for the breaker lock out was placed in the fire alarm box along with the description of the location of the breaker.</p> <p>2. Identification of other residents: All residents have the potential for being affected.</p> <p>3. Measures to prevent reoccurrence: We added to our preventive maintenance record to check that the breaker panel is locked out and the red dot is present and the key with the directions is located in the fire alarm box.</p> <p>An in-service training was conducted with the Maintenance department on 11/9/2012.</p> <p>4. Continued monitoring: The Maintenance department or their designee will monitor the breaker box is locked out, the red dot is present and identified of the Fire Alarm Circuit Control labeled. The key with the instructions is located in the fire alarm box weekly. The Quality Assurance Program will monitor the breaker lock out is locked out,</p>		11/12/2012

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	<p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:00 a.m. to 1:35 p.m. on 10/29/12, access to the fire alarm system breaker located in the storage closet by the West Wing Dining Room was not locked. Based on interview at the time of observation, the Maintenance Director acknowledged access to the fire alarm system breaker located in the storage closet by the West Wing Dining Room was not locked.</p> <p>3.1-19(b)</p>				<p>the red dot is identified along with the identification of the Fire Alarm Circuit Control, the key with the instructions is located in the fire alarm box and the weekly preventive maintenance logs are filled out correctly monthly x 9 months. If 100% is achieved after 9 months the breaker lock box, the red dot on the breaker panel along with the Fire Alarm Circuit Control labeled, the breaker lock box key located in the fire alarm box and the instructions located in the fire alarm box will be monitored quarterly x indefinitely.</p>		

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on record review and interview, the facility failed to ensure emergency power would be transferred to 1 of 1 emergency generators within 10 seconds of building power loss for 12 of 12 months. NFPA 99, 3-4.1.1.8 states generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Generator Log Sheet" documentation with the Administrator and the Maintenance Director during record review from 9:30 a.m. to 11:00 a.m. on 10/29/12, monthly load test documentation of emergency power transfer time for the period of October 2011 through September 2012</p>		K0144	<p>1. Corrective Action:a) We performed an emergency power transfer on our generator documenting length of emergency power transfer time on 11/9/2012.b) We inspected and documented the condition of the battery for the generator on 11/9/2012.2. Identification of other residents:All residents have the potential for being affected.3. Measures to prevent reoccurrence:We developed a new form to record battery condition weekly. We developed a new form to document the transfer time of the emergency power transfer.An in-service was completed on 11/9/2012 for the Maintenance department.4. Continued monitoring:The Maintenance department will record the battery condition and voltage weekly. The Maintenance department will record the emergency power transfer time monthly.The Quality Assurance Program will monitor the battery condition form monthly and the documentation of the emergency power transfer time every month x 9 months. If 100% is achieved we will continue monitoring quarterly x indefinitely.</p>		11/12/2012	

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	<p>was not available for review. Based on interview at the time of record review, the Maintenance Director acknowledged monthly load test documentation for emergency power transfer time for the period of October 2011 through September 2012 was not available for review.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for 1 of 1 emergency generators was maintained for 52 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient</p>						

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	<p>practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Generator Log Sheet" documentation with the Administrator and the Maintenance Director during record review from 9:30 a.m. to 11:00 a.m. on 10/29/12, weekly emergency generator starting battery inspection records for the 52 week period of 10/28/11 through 10/26/12 were not available for review. Based on interview at the time of record review, the Maintenance Director acknowledged weekly emergency generator battery inspection records for the aforementioned 52 week period were not available for review.</p> <p>3.1-19(b)</p>						